DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

below named inventor, I hereby declare:

name:

that my residence, post office address and citizenship are as stated below next

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: BENZOFURAN COMPOUNDS, COMPOSITIONS AND METHODS FOR TREATMENT AND PROPHYLAXIS OF HEPATITIS C VIRAL INFECTIONS AND ASSOCIATED DISEASES, the specification of which [check one(s) applicable]

 \underline{X} was filed October 31, 1003 and assigned U.S. Patent Application No. $\underline{10/699,336}$;

and was amended by Amendment filed (if applicable); or

is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. $\S1.56(a)$].

CLAIM UNDER 35 U.S.C. §119: I hereby claim the benefit under 35 U.S.C. §119 of any prior United States provisional application(s) listed below:

	Filing Date
Provisional Appln No.	Day/Mon/Year
60/515,944	30.10.2003
60/461,077	04.08.2003
60/489,060	21.07.2003
60/423,291	11.01.2002

POWER OF ATTORNEY: As inventor, I hereby appoint DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: Patrick J. Hagan, Reg. No. 27,643 and Kathleen D. Rigaut, Ph.D., Reg. 43,047.

. POWER TO INSPECT: I hereby give DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: DIRECT INQUIRIES TO:

CUSTOMER NUMBER 000110 Telephone: (215) 563-4100

Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

Full Name Ashis K. Saha First Middle Last	Full Name Christopher First	J Burns Middle Last
Signature 12/12/03	Signature Culiz	/63
Residence HARLEYSVILLE PA 19438 City State or Country	Residence MALULAN City	PA USA- State or Country
Citizenship NDIA .	Citizenship USA	
Post Office Address: 16 SARATOGA LN	Post Office Address: 1806 HAWK WEED	WAY
HARLEYSVILLE PA 19438	Street Address MALVERN PA	USA (9355 Country Zip Code
City / State or Country Zip Code		

THIRD JOINT INVENTOR (IF ANY)

FOURTH JOINT INVENTOR (IF ANY)

Full Name	Alfred First	M. Middle	Del Vecchio Last	Full Name	Thomas First	R. Middle		Bailey Last
Signature	Alhed W	7. Id/	ceho	Signature	Hones	x sol		
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City	State or	Country	Zip Code	City	St	ate or Coun	try	Zip Code
•	FIFTH JO	INT INVENT	OR (IF ANY)		SIXTH JO	INT INVENTO	R (IF ANY)	
Full Name	Jason	A	Reinhardt Last	Full Name	Bheemashan	kar A.	Kı	ulkarni
	First	Middle	Last					Last
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Residence	City	State or	Country			n, PA	State or Co	ountry
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	SEVENTH	JOINT INVE	NTOR (IF ANY)		EIGHTH J	OINT INVENT	OR (IF ANY)	
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Full Name	Thomas First	H. Middle	<u>Faitg</u> Last	Full Name_	<u>Hao</u> First	Middle		Feng Last
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	ce Address:			Post Offic	ce Address:			
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EXTO		341	USA	As-	ton.	PA	190	Zip Code
City	State or	Country	Zip Code	City	St	ate or Cour	itry /	Zip Code

. . . NINTH JOINT INVENTOR (IF ANY)

TENTH JOINT INVENTOR (IF ANY)

Full Name Sugan R Middle Last First Middle Last Signature Laam R Laam Date Dic 13,2005 Residence Wilmusquis PE City State or Country Citizenship WSA Post Office Address: 1027 Craylin Ro Street Address First Middle Last First Middle Last Full Name David J Rys First Middle Last Signature Date Date Date Signature Date Date Date Signature Date City State or Country Citizenship WSA Full Name David J Rys First Middle Last Signature Date Date Date Date Date Date City State or Country Citizenship Citizenship Date Date Date Date Street Address: Street Address Street Address Full Name Thomas A Lessen Full Name Thomas A Lessen First Middle Last Signature Date Date Date City State or Country Citizenship Dost Office Address: Street Address Street Address First Middle Last First Middle Last Signature Date Date Date State or Country Citizenship MSA Fost Office Address: Street Address Street Address	Full Name	Susan	R.	Rippin	Full Name_	Charles_	W	Blackledge
Date OLC N., 2003 Residence Oll munghm PC City State or Country Citizenship USA Post office Address: 1007 Caylyn Ko Street Address 1017 State or Country City State or Country ELEVENTH JOINT INVENTOR (IF ANY) Full Name David J. Rys First Middle Last Signature Date City State or Country Citizenship WSA Post office Address Signature Date City State or Country Citizenship WSA Full Name Thomas A. Lessen First Middle Last Signature Date LANGHOLEN PA City State or Country Citizenship WSA Post office Address: Street Address Street Address Street Address Full Name Address: Street Address Fost office Address: Street Address Street Address Fost office Address: Street Address Full Name Last First Middle Last Fost office Address: Street Address LANGHOLEN PA City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country City State or Country Citizenship MSA Post office Address: 101 Name Yijun Dend First Middle Last Signature State or Country City State or Country City State or Country City State or Country Citizenship PR ChiAs Post office Address: 140 PR A Market Losp Fort office Address POST Office Address PA DA PA NOT PA State or Country City Not PA City Not PA City Not PA City Not		,	•	Last		First	Middle	Last
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Street Address 19803					Citizensh	ip <u>USA</u>		
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FIFTEENTH JOINT INVENTOR (IF ANY)

Full Name _	Theodore	J.	Nitz
-	First	Middle	Last
Signature _	Thered	· Will	<u></u>
Date	14/12/02		
Residence _	P. Ct. town	· · · · · · · · · · · · · · · · · · ·	
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City	State or Co	untry	Zip Code

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DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: BENZOFURAN COMPOUNDS, COMPOSITIONS AND METHODS FOR TREATMENT AND PROPHYLAXIS OF HEPATITIS C VIRAL INFECTIONS AND ASSOCIATED DISEASES, the specification of which (check one(s) applicable)

x	was	filed	October	31,	1003	and	assigned	U.S.	Patent	Application	No.
	10/6	<u>99,336</u>	;								

and was amended by Amendment filed (if applicable); or is attached to this Declaration, Power of Attorney and Power to Inspect;

Filing Date

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. §1.56(a)].

CLAIM UNDER 35 U.S.C. §119: I hereby claim the benefit under 35 U.S.C. §119 of any prior United States provisional application(s) listed below:

	rang pare
Provisional Appln No.	Day/Mon/Year
60/515,944	30.10.2003
60/461,077	04.08.2003
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60/423,291	11.01.2002

POWER OF ATTORNEY: As inventor, I hereby appoint DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: Patrick J. Hagan, Reg. No. 27,643 and Kathleen D. Rigaut, Ph.D., Reg. 43,047.

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SEND CORRESPONDENCE TO: DIRECT INQUIRIES TO: CUSTOMER NUMBER 000110
Telephone: (215) 563-4100
Facsimile: (215) 563-4044

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SOLE OR FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

Full Name	Ashis First	K. Middle	Saha Last	Full Name	Christopher First	J Middle	Burns Last
Signature				Signature			
Date				Date			
Residence	City	State or C	ountry	Residence	City	State or	Country
Citizenshi	P			Citizenshi	P		
Post Offic	e Address:			Post Offic	e Address:		
Street Add	ress			Street Add	iress		
City	State or	Country	Zip Code	City	State o	or Country	Zip Code

THIRD JOINT INVENTOR (IF ANY)

FOURTH JOINT INVENTOR (IF ANY)

Full Name	Alfred First	M. Middle	Del Vecchio Last	Full Name_	Thomas First	R. Middle	Bailey Last
Signature				Signature			
			Country			State	
	-			Citizenshi	Lp		
•	e Address:				e Address:		
Street Add	ress			Street Add	lress		- 1,0
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	rifth J	OINT INVENT	OR (IF ANY)		SIXTH JOI	INT INVENTOR (IF	ANY)
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Full Name	First		Last	ruit Mame_	First	Middle	Last
Signature	Jan ha	<u> </u>		Signature			
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Street Add	iress		10110	Street Ado	dress		
City	State of	Country	Zip Code	City	Sta	ate or Country	Zip Code
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Full Name	First	Middle	<u>Faitg</u> Last	rull Neme_	First	Middle	Last
Signature				Signature			
Date				Date			
Residence	City	State o	Country	Residence	City	State	or Country
Citizensh	ip			Citizensh	ip		
Post Offic	ce Address:			Post Offi	ce Address:		
Street Ad	dress			Street Ad	dress		
City	State o	r Country	Zip Code	City	St	ate or Country	Zip Code

NINTH JOINT INVENTOR (IF ANY)

TENTH JOINT INVENTOR (IF ANY)

Full Name	Susan	R.	Sherk	Full Name	Charles	w.	_Blackledge
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Signature							
Date				Date			
Residence	City	State or Co	untra	Residence	City	State	or Country
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Post Offic	e Address:			Post Offic	e Address:		
Street Add	ress			Street Add	lress		
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CITY	State or	Country	Zip Code	CILY	ŞCA	te or country	BIP COUG
	ELEVENTH	JOINT INVENT	OR (IF ANY)		TWELVETH	JOINT INVENTOR	(IF ANY)
Full Name	David	.47	Rys	Full Name	Thomas	Α.	Lessen
Full Name	First	J. Middle	Last		First	Middle	Last
	(L) 100	2 <i>D</i>					
Signature		Vryn_		Signature			
Date	12-17-03			Date			
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		State or Co	<u>-</u>				
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	THIRTEEN	TH JOINT INVE	NTOR (IF AN	Y)	FOURTEENT	H JOINT INVENTO	R (IF ANY)
Full Name	John	Middle		Full Name_	Yijun		Deng
	First	Middle	Last		First	Middle	Last
Signature				Signature			
Date				Date			
Residence	City	State or Co	ountry	Residence	City	State	or Country
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Street Add	iress			Street Add	dress		
Ci ru	State of	Country	Zin Code	City	Sta	te or Country	Zip Code

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FIFTEENTH JOINT INVENTOR (IF ANY)

	л.	Nitz
Yull Name <u>Theodore</u> First	J. Middle	Last
Signature		
Date		
Residence City	State or C	ountry
Citizenship		
Post Office Address:		
Street Address		
City State or	Country	Zip Code

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